

St Catherine Laboure Mission
Family Registration
 708 State Street, Commerce, GA 30529 706 886-2819

Reg Date: / /

Last Name: _____ **First Name(s):** _____
Mailing Name (ie Mr. && Mrs. John _____
Address: _____ **Add2:** _____
City: _____ **State:** _____ **Zip:** _____ - _____
AreaCode: _____ **Home Phone:** _____ **Emerg. Phone:** _____
Family Email: _____ **Env#** _____

Individual Member Information

Parish Status: *(Active, Inactive)*
Role: *(Head of House, Husband, Wife etc.)*
First Name / Nickname: _____ / _____
Gender: Male / Female (Maiden) _____ Male / Female (Maiden) _____
DOB (mm/dd/yyyy): _____ / _____ / _____
Email: _____
Work Phone/Cell Phone: _____ / _____
First Language: _____
Occupation/Employer: _____ / _____

Sacramental Info:	Baptized?	Catholic?	Baptized?	Catholic?
Dates (mm/dd/yyyy):	/ /	/ /	/ /	/ /
<i>(Single, Married, Separated, Divorced, Annulled)</i>	Reconcil?	First Eucharist?	Confirmed?	Reconcil?
	/ /	/ /	/ /	/ /
Marital Status:	Valid Catholic Marriage?			

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household	First Name	/	Last Name	Gender	Birthdate &&	H.S. Grad Yr	School First Language
<i>(Son, Daughter, Mother Father etc.)</i>							

1.				M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism	<i>Catholic?</i>	Eucharist	Reconciliation	Confirmation		
	/ /	/ /	/ /	/ /	/ /	/ /	/ /
2.				M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism	<i>Catholic?</i>	Eucharist	Reconciliation	Confirmation		
	/ /	/ /	/ /	/ /	/ /	/ /	/ /
3.				M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism	<i>Catholic?</i>	Eucharist	Reconciliation	Confirmation		
	/ /	/ /	/ /	/ /	/ /	/ /	/ /

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second Form.